| DECLARATION FOR U' | TILITY OR | Attorney Docket N | ١٥. | 911/M | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|-------------|----------|-----------------------|--------------|--|
| DESIGN | | | | | | | |
| PATENT APPLICA | TION | First Named Inver | itor | Lawrence | e Edward Dolan | | |
| (37 C.F.R. 1.63) | | COMPLETE IF KNOWN | | | | | |
| COMBINED WITH PO | WER OF | Application Numb | er | | | | |
| ATTORNEY | | | | | | | |
| [X]Declaration [] Declaration | f | Filing Date | | | | | |
| Submitted Submitted After In | nitial | Group Art Unit | | | | | |
| with Initial Filing (surcharge | | Examiner Name | | | | | |
| Filing (37 C.F.R. 1.16 (e |) required) | Confirmation Nun | nber | | | | |
| I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled Multicolored Striped Dentifrice Composition the specification of which (check [X] is attached hereto. one) [] was filed on | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed: | | | | | | | |
| Prior Foreign Application Number(s) Country | Foreign Filing D (MM/DD/YYYY | | y Not Clain | | Certified Copy Yes | Attached? No | |
| | | | [] | | [] | | |
| | | | [] | | [] | 0 | |
| <u> </u> | | | [] | 1 | | | |
| I hereby appoint Practitioners at <u>Customer Number 27752</u> as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to <u>Customer Number 27752</u> . I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name Lawrence Edward | Family Name Dolan | | | | | | |
| (first and middle [if any]) Or Surname | | | | | | | |
| Inventor's Signature Edward Dolan Date 7/23/03 | | | | | | | |
| Residence: City Cincinnati | State Ohio | Country USA | | | nship US | | |
| Mailing Address: 5121 Leona Drive | | | | | | | |
| City Cincinnati State Ohio Zip 45238 Country USA | | | | | | | |

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9117M

| NAME OF SECOND INVENTOR: | | A petition has been filed for this unsigned inventor | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------|---------------------|-----------------------------|--|--|--|--|
| Given Name Cloyd | | Family Name | Dixon, Jr. | | | | | |
| first and middle [if any]) | | Or Surname | Or Surname | | | | | |
| Inventor's Signature | | | Date | | | | | |
| Residence: City Covington | <u> </u> | | 7/ | 23/03 | | | | |
| Residence: City Covington | State KY | Country USA | | 7/23/03 Citizenship US | | | | |
| Mailing Address: 2241 Wideview Drive | | | | | | | | |
| City Covington | State KY | Zip 41011 | | Country USA | | | | |
| AVANTO OF THE PROPERTY OF THE | | | | | | | | |
| NAME OF THIRD INVENTOR: | | A petition has been filed for this unsigned inventor | | | | | | |
| Given Name | | | | Family Name | | | | |
| (first and middle [if any]) | | Or Surname | Or Surname | | | | | |
| Inventor's Signature | | | Date | | | | | |
| Paritamen City | Ct-t- | 0 | | Civil and I | | | | |
| Residence: City | State | Country | Country Citizenship | | | | | |
| Mailing Address: | | | | | | | | |
| City | State | Zip | | Country | | | | |
| | | | | | | | | |
| NAME OF FOURTH INVENTOR: | | A petition has been filed for this unsigned inventor | | | | | | |
| Given Name | | Family Name | | | | | | |
| (first and middle [if any]) | Or Surname | | | | | | | |
| Inventor's Signature | | | Date | | | | | |
| | | | | | | | | |
| Residence: City | State | Country | | Citizenship | | | | |
| Mailing Address: | ' | | | | | | | |
| City | State | Zip | | Country | | | | |
| | L | | | | | | | |
| NAME OF FIFTH INVENTOR | A petition | _ A petition has been filed for this unsigned inventor | | | | | | |
| Given Name | | Family Name | | | | | | |
| (first and middle [if any]) | Or Surname | | | | | | | |
| Inventor's Signature | | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Date | | | | | |
| | | | | | | | | |
| Residence: City | State | Country | | Citizenship | | | | |
| Mailing Address: | | | | | | | | |
| City | State | Zip | Cip Country | | | | | |
| Page 2 of 2 | | | | | | | | |